

FORMAL WRITTEN RESPONSE TO DR. JICHA VISIT NOTE AND ONGOING FAILURES AND REFUSALS BY UK NEUROLOGY TO PROVIDE TRANSPARENT, LAWFUL CARE

Date: 2025-10-04

Dr. Jicha et al.,

This message constitutes a formal written response to your 9/18/25 visit note and to the ongoing failures and refusals by UK Neurology to provide transparent, lawful care.

It must be appended, in full, and unmodified, to my chart under my ADA accommodation for written-only communication.

1. Ongoing FDG-PET Misrepresentation

The April 2025 FDG-PET demonstrated **frontal cerebral hypometabolism**. You attempted to reframe this as “psychiatric” (bipolar/depression) without any supporting evidence. That is false, defamatory, and clinically unsupportable.

Immediately afterward—late Sept 2025—**CMS retroactively denied the scan**, five months after completion, suggesting alteration of medical-necessity documentation. This sequence is not coincidental and will be reviewed by CMS, HHS-OIG, and OCR.

2. Ongoing Unanswered Pre-Appointment Questions

My 9/18/25 MyChart message (attached to the encounter) listed 11 items—including second opinions on T7/T8 and L2 spinal tumors, repeat PET/MRI, bone-marrow biopsy follow-up, copper infusions, and NeuroQuant re-evaluation.

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You and your staff and related staff, have failed and/or refused to answer a single one of these despite written receipt and despite the urgency of the severe progressive neurovascular-immune nature of illness.

3. Ongoing Record Obstruction

UK continues to withhold all records for me and my child (JAF), in violation of the ADA, Section 504, §1557, Olmstead, 1915(c), and KRS 61.872.

When oversight authorities are copied, UK routinely strips them from reply chains, obstructing transparency.

4. Ongoing Neurology Clinic Misconduct

Per the internal summary of Nurse Manager Krystle's conduct:

- Botox was cancelled without consent and new authorization has not been issued or granted despite medical necessity – obstructing medically necessary care.
- You were unilaterally assigned as lead provider despite an open complaint, which I did not agree to, and I do not agree to now. **I require anyone involved in my care to have integrity and honesty as character traits and to act in morally appropriate and ethical ways.**
- Objective findings (FDG-PET, NeuroQuant 2nd percentile frontal, 9th percentile total brain volume, spinal lesions, abnormal labs) were ALL ignored.
- LP (lumbar puncture) has not been scheduled despite my having completed the required labs. Because of this delay, there is now insufficient time to schedule it before additional labs and imaging will again be required. I

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discontinued my blood-thinning medication in good faith to prepare for the LP, placing myself at further medical risk. The LP remains unscheduled, forcing me to resume anticoagulants due to my documented hypercoagulability, which compounds the danger created by UK's negligence and inaction.

– Chart entries such as the “bone cancer” code remain uncorrected, and even a listing noting the definition verbatim of how MS is described — yet no provider has ever informed me of any MS diagnosis or bone cancer diagnosis. I demand answers as to why fake/fraudulent/falsified entries appear, yet how objective medical testing results remain omitted from the health summary for me such as the cerebral hypometabolism, the NeuroQuant results showing the 2nd normative percentile for frontal parenchyma, and the 9th normative percentile for total brain volume, the brain atrophy as seen on the August 2024 MRI done at UK, all missing/omitted...

5. Objective Medical Evidence

My diagnosis is neurological and systemic, not psychiatric.

Confirmed findings include:

- Positive skin biopsy for small-fiber neuropathy (Washington University)
- Abnormal QSART at Washington University (Dr. Pestronk) and at Mayo Clinic (Rochester, MN)
- Elevated FGFR3 autoantibodies (3,900; normal < 3,000 — Dr. Pestronk; previously 9,000)
- CRPS diagnosis (Tampa RSDS Center), confirmed by multiple other

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physicians

- T7/T8 spinal lesions and L2 hemangioma confirmed via MRI
- Brain atrophy (NeuroQuant 2nd percentile frontal / 9th whole brain)
- FDG-PET frontal hypometabolism

Pathologizing my statements as “psychiatric,” and fabricating quotes that I never made—such as falsely attributing to me -- exaggerated language about my legal cases—is unethical, retaliatory, and constitutes additional gross negligence and malpractice.

What I actually stated was that several attorneys told me my case was “one of the largest or most complex they had seen,” which is a factual statement, not a symptom.

Deliberately altering, taking out of context, and recharacterizing that into “grandiose thinking” is extremely defamatory and utterly clinically indefensible.

6. Demands for Immediate Correction

- Amend the 9/18/25 note to remove false psychiatric language and fabricated/fraudulent statements, including those concerning my ongoing legal cases.
- Provide thorough, medically grounded, relevant, non-fraudulent written answers to each pre-appointment question, with your supervisor, who you will name, and provide contact information for, signing off on your statements - including who declined testing/referrals. All noted decision makers and supervisors must include full name, phone, email, fax, and

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mailing address (professional address).

- Release all UK held records for myself and my child immediately.
- Cease all retaliation, behavioral-contract threats across all specialties, and obstructive practices. Provide a written explanation and apology for making fraudulent statements and defaming me, to be kept in my permanent medical record to help lessen the irreparable damage you continue to cause.
- Provide written supervisory contact for Neurology Director and Clinic Leadership (name, email, phone, fax, and mailing address).

This is another formal notice that I **wish to file a complaint** against you and that I have **never consented to you leading my care**. I had requested complaint filing prior to UK's coercive reassignment, which was retaliatory.

Everything in this message is treated as continued retaliation and obstruction under **42 U.S.C. § 12132** and **§ 18116 (ACA §1557)**.

All correspondence is preserved for CMS, OCR, and law enforcement review.

All prior messages, attachments, and filings are hereby incorporated by reference into this communication in their entirety and made part of the formal medical and legal record.

Respectfully,

/s/ John R. Fouts

John R. Fouts, MBA

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ADA Accommodation – Written Only

(text 502-956-0052 | email torchoftruth@zohomail.com | alt email:
icreateupwardspirals@gmail.com)